

AQUA-AEROBIC CLASS REGISTRATION FORM

Anyone with serious medical conditions should consult with their physician before beginning class.

NAME _____

ADDRESS _____

PHONE (Home) _____ (Cell/Alt) _____

EMERGENCY CONTACT _____

PHONE _____

MEDICAL CONDITIONS: _____

PHYSICIANS REFERRAL:

PHYSICIANS

NAME _____

ADDRESS: _____

PHONE#: _____

CLASS: EXERCISE _____ ARTHRITIS _____ FIBRO _____ ADAPTIVE _____

(All Arthritis, Fibro And MS classes must have a Physician's release form)

SIGNATURE

DATE

Release and Hold Harmless Agreement Permission to provide Emergency Medical Treatment

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program.

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb Recreation Commission, the Cobb Board of Commissioners and Cobb County, Georgia and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

The undersigned states that they are attending class at their own risk.

Signature

Date